MULTIPLE DEPENDENT CLAIM SERIAL NO. FILING DATE FEE CALCULATION SHEET 10/594 284 (FOR USE WITH FORM PTO-875) - -APPLICANT(S)_ **CLAIMS** AFTER AFTER AS FILED AFTER AFTER AS FILED 1" AMENDMENT 2 nd AMENDMENT 1"AMENDMENT 2 MAMENDMENT IND. | DEP. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP.

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